

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.			2. Exact name of the limited Nability company				
487637	RJJ Management Company, LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	to manage all aspects of the restaurant industry including their operations, sales, and real estate holdings						
5. Principal office address 214B Main Street			City East Greenwich	State <b>RI</b>	Zip <b>02818</b>		
	The second secon			100000000000000000000000000000000000000			
Contact Name John D. Biafore				Contact Title Attorney			
Street Address 478A Broadway			City Providence	State RI	Zip <b>02909</b>		
// LIST ALL WANAGERS (	NAMES ARD ADM	ORIENSEE) OF THE	LIMITED LASKITY COMPARY	Africalie-bo			
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	<b> </b>			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RH	ODE ISLAND						
This information is current	ly of record in th	e Office of the Secr	etary of State. Changes require f	iling Form 642.			

FILED

OCT 1 9 2015

File Date	this report/including any accompanying sche	Under penalty of perjury, I declare and affirm that I have examined this report/including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	and that all scattements contained herein are to	18/16/1T		
By:	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY	H. ROBERT BACON, Member	H. ROBERT BACON, Member		

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012